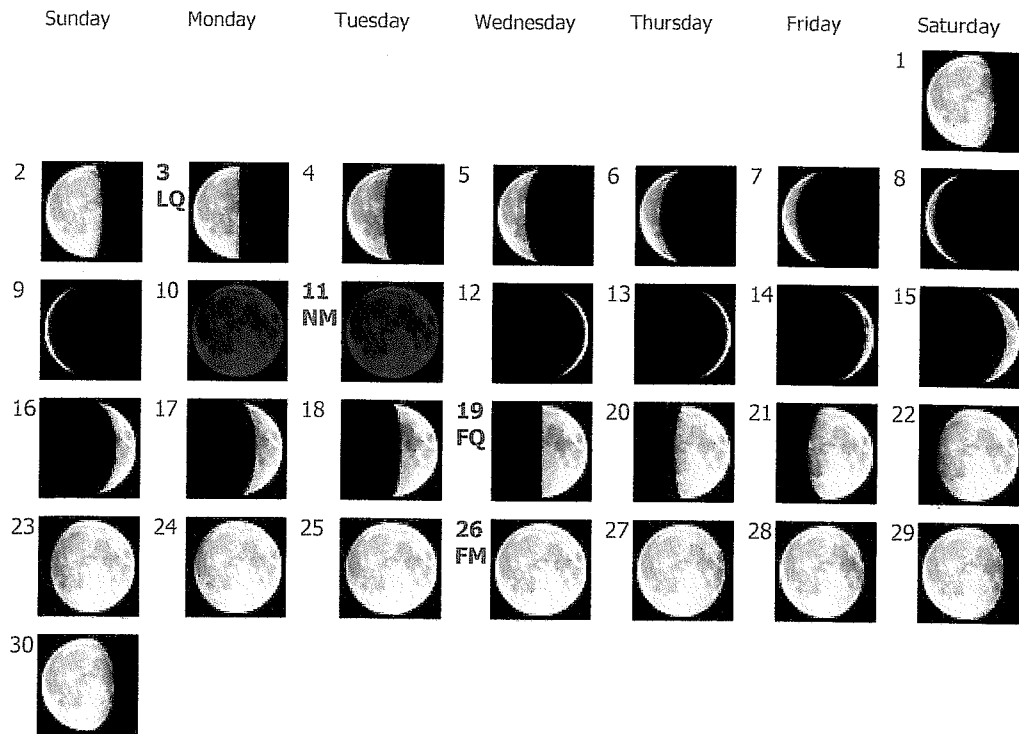


September 2007



MAKE FORD	MODEL ESCOAT	COLOR SILVER	NO. OF CYLINDERS 4
YEAR 1992	MILEAGE 17412	LICENSE NO. (Yr. - State) BN197N OHIO	HORSEPOWER OR CUBIC INCH DISPLACEMENT —
SERIAL NO.	FUEL <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel	VIN NO. 1FAPP15J0N1139488	NO. OF AXLES 2
TYPE OF VEHICLE <input checked="" type="checkbox"/> Passenger Vehicle <input type="checkbox"/> Ambulance <input type="checkbox"/> Tractor <input type="checkbox"/> Semi-Trailer <input type="checkbox"/> Motorcycle <input type="checkbox"/> Truck <input type="checkbox"/> Trailer <input type="checkbox"/> Bus <input type="checkbox"/> RV			NO. OF WHEELS 4
BODY STYLE <input type="checkbox"/> Coupe <input type="checkbox"/> Sedan <input type="checkbox"/> 2-Door Hardtop <input checked="" type="checkbox"/> Station Wagon <input type="checkbox"/> Sedan <input type="checkbox"/> 4-Door Hardtop <input type="checkbox"/> Pickup <input type="checkbox"/> Convertible <input type="checkbox"/> Panel <input type="checkbox"/> Van <input type="checkbox"/> Rack <input type="checkbox"/> Stake <input type="checkbox"/> Carryall <input type="checkbox"/> Flatbed <input type="checkbox"/> Camper			BUS (Passenger capacity) TRUCK (Mfg. Rated capacity)
VEHICLE OPERATOR (Address, Number, Street, City, State) CRAIG KIRK. COL. OHIO.		PHONE NO.	
REGISTERED OWNER (Address, Number, Street, City, State) JEANETTE KIRK. — RALEIGH ST. (OWNER ONLY) N. HOLLID		PHONE NO.	
NAME & ADDRESS OF LIENHOLDER (if Applicable) 1239 CHRYSLER ST. COSHOCTON, OHIO		PHONE NO.	

REASON FOR IMPOUNDMENT

ACCIDENT ☐ DUI ☒ STOLEN ☐ ABANDONED ☐ FELONIOUS USE ☐ NO OPR. LIC. ☒ BURNED ☐ OTHER THAN ABOVE

NAME OF ARRESTED PERSON ☐ INJURED ☐ OTHER ☒ **CRAIG M. KIRK** REPORT NO. **13-1**

EXACT LOCATION WHERE VEHICLE PICKED UP **3RD ST. & 2nd Williamburg Sq.**

TOW-IN SERVICE REQUESTED BY **8** NAME OF TOW-IN SERVICE **1/2 Towing**

DATE OF IMPOUNDMENT **9/1/07** TIME **6:11 PM** TOWED OR DRIVEN BY **1/2 Towing** NAME & TITLE OF IMPOUNDING OFFICER **J. Schilling**

INVENTORY AND CONDITION OF VEHICLE WHEN IMPOUNDED

DOORS AND TRUNK: LOCKED ☐ UNLOCKED ☒ KEYS IN CAR ☒ KEYS IN PROPERTY ROOM ☐ OTHER

(USE CONDITION SYMBOL 1-FOR EXCELLENT - 2-GOOD - 3-FAIR - 4-POOR - 5-CONSTRUCTIVE TOTAL)

✓		DAMAGED	CONDIITON	✓		DAMAGED	CONDIITON	✓		DAMAGED	CONDIITON
	FRONT END		4		ENGINE		4		SPARE TIRE		4
	LF 1/4		4		RADIATOR		4		LR TIRE		4
	LF DOOR		4		ALTERNATOR		4		RR TIRE		4
	LR DOOR		4		BATTERY		4		RF TIRE		4
	LR 1/4		4		A/C		4		LF TIRE		4
	REAR END		4		RADIO		4		GLASS		4
	RF 1/4		4		TAPE DECK		4		C.B. RADIO		4
	RF DOOR		4		HUB CAP		4		C.B. ANTENNA		4
	RR DOOR		4		WHEEL COVER		4				
	RR 1/4		4		DRIVE TRAIN		4				
	HOOD		4		JACK		4				
	TOP		4		TOOLS		4				
	REAR LID		4		GASOLINE		4				

REMARKS **MISC. TRASH, BABY SEAT, TOOL KIT. (LEFT IN VEHICLE)**

(USE SUPPLEMENTARY REPORT FOR ANY DETAILS NOT LISTED ON THIS PAGE)

DESCRIBE ANY PERSONAL PROPERTY LEFT IN VEHICLE

REPORT MADE BY **001/06 8** DATE **9/1/07** TIME **01:14**

THE ABOVE VEHICLE HAS BEEN RELEASED TO ME AND I FOUND IT'S CONDITION TO BE AS INDICATED ABOVE.

SIGNED **[Signature]** DATE **9/1/07** TIME **1:20 PM**

OHIO BUREAU OF MOTOR VEHICLES
REPORT OF LAW ENFORCEMENT OFFICER
ADMINISTRATIVE LICENSE SUSPENSION /

NOTICE OF POSSIBLE CDL DISQUALIFICATION / IMMOBILIZATION / FORFEITURE

A. NAME <u>CRAIG M. [unclear]</u>		DRIVER LICENSE NUMBER <u>Qc120619</u>		CLASS <u></u>	STATE <u>0410</u>
CURRENT STREET ADDRESS (AS VERIFIED BY OFFICER) <u>1239 CHESTNUT ST. LOT B</u>					
CITY <u>COSHOCTON</u>		OHIO COUNTY OF RESIDENCE <u>COSHOCTON</u>		STATE <u>0410</u>	ZIP CODE <u>43812</u>
DATE OF BIRTH <u>1-15-1977</u>	SOCIAL SECURITY NUMBER <u>295 170 1 7845</u>		4 DIGIT COURT CODE <u>10053</u>	COUNTY OF VIOLATION <u>MUSKINGUM</u>	
DATE OF VIOLATION <u>9 / 1 / 2007</u>	TIME OF VIOLATION <u>12:29</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		VIN <u>1FAPP15JONW129458</u>		
DATE OF REFUSAL OR TEST <u>9 / 1 / 2007</u>	TIME OF REFUSAL OR TEST <u>2:07</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		YEAR <u>92</u>	MAKE <u>FORD</u>	LICENSE PLATE NO. <u>BN19TN</u>
VEHICLE OWNER'S NAME <u>JEANETTE KIRK</u>		DATE OF BIRTH <u>11/30/1968</u>		STREET ADDRESS <u>1239 CHESTNUT ST. LOT B</u>	
CITY <u>COSHOCTON</u>		STATE <u>0410</u>		ZIP CODE <u>43812</u>	
VEHICLE STORED AT (STREET ADDRESS) <u>JLR TOWING 10 EAST STREET FRAZEEsburg, OHIO</u>			CITY <u>FRAZEEsburg</u>		

B. Officer to Complete for All OVI / Physical Control Arrests:

Circle arrest type: ☒ OVI ☐ Physical Control

The driver:

- ☒ Refused to submit to test (s).
- ☐ Submitted to test (s). 0 % alcohol test result
- ☒ Circle test type for which results were reported:
Whole Blood, Breath, Urine, Blood Serum, or Blood Plasma
- ☐ Was placed under an Administrative License Suspension (4511.191)
- ☐ License was seized
- ☒ Offender was provided a copy of this form at the time of arrest.

I requested the driver, by reading advice on the back, to submit to a chemical test (s) for alcohol and/or for the presence of any controlled substance or metabolite. My reasonable grounds for OVI/Physical Control arrest before test were: traffic stop

- ☐ Subject tested for controlled substance or metabolite. Circle test type for which controlled substance or metabolite results were reported: Urine, Whole Blood, Blood Serum, or Blood Plasma.
- ☐ Specify controlled substance and/or metabolite results: _____
- ☐ Subject tested positive for prohibited level of marijuana metabolite _____ (specify amount) and was under the influence of alcohol and/or a drug of abuse.
- ☐ Controlled substance or metabolite test result received on _____ Subject served with notice of Administrative License Suspension on _____

C. Officer to Complete Applicable Vehicle Sanctions:

- ☐ License plate(s) seized
- ☐ Vehicle seized under 4511.195 (OVI)

- ☐ Vehicle seized under 4511.203 only (DUS or wrongful entrustment of a motor vehicle) If so, Do Not Mail this form to the BMV
- ☐ Vehicle subject to immobilization
- ☐ Vehicle subject to forfeiture

D. Officer to Complete if Offender was Operating a Commercial Vehicle:

- ☒ Read and showed advice to offender (4506.17)
- ☐ Refused to submit to test(s)
- ☐ Submitted to test(s) 0 % alcohol test result
(Circle One) Whole Blood, Breath, Urine, Blood Serum, or Blood Plasma
- ☐ Prohibited Alcohol Content without OVI charge
- ☐ Prohibited Alcohol Content with OVI charge

- ☐ Commercial vehicle per definition (4506.01(E))
- ☐ 24-hour out-of-service order
- ☐ CDL to be disqualified
- ☐ CDL seized
- ☐ Hazardous material
- ☐ Operated a commercial vehicle under the influence of a controlled substance

E. The advice on the back of this form was read to me and I have received a copy of this form:

☒ Refused
SIGNATURE OF DRIVER☐ REFUSED TO SIGN

F. Complete Below Only for an OVI / Physical Control ARREST:

We, the undersigned, certify that the advice prescribed by the General Assembly (under 4511.192), was shown to the person under arrest and read to him or her in the presence of the arresting officer and one other person.

X [Signature]
SIGNATURE OF ARRESTING OFFICERFRAZEEsburg Police Dept. OHIO 0604
ENFORCEMENT AGENCY N.C.I.C. NUMBERX [Signature]
SIGNATURE OF WITNESSPO Box 160 7 2ND ST.
OFFICER'S BUSINESS STREET ADDRESS
FRAZEEsburg OHIO 42822
CITY STATE ZIP CODE

COMPLETE BELOW ONLY ON OVI ARREST, PHYSICAL CONTROL ARREST, OR ARREST INVOLVING COMMERCIAL VEHICLE. AFFIDAVIT OF ARRESTING OFFICER:

STATE OF OHIO, COUNTY OF MUSKINGUM

I certify I arrested the person, having had reasonable grounds to believe the person was operating a vehicle upon a highway, or upon public or private property used by the public for vehicular travel or parking in the State of Ohio, under the influence of alcohol and/or drugs of abuse, in physical control of a vehicle while under the influence of alcohol and/or drugs of abuse, or with a prohibited concentration of alcohol in the whole blood, blood serum, blood plasma, breath, or urine. I advised the person in the prescribed manner of the consequences of a refusal or a test. The person either refused the test, or was under arrest for OVI and took the test and had a prohibited concentration of alcohol in the whole blood, blood serum, blood plasma, breath, or urine (all as described above). In the case of a commercial vehicle (if applicable) I had reasonable grounds to believe the person was driving a commercial motor vehicle in the State of Ohio in violation of section 4506.15 of the Ohio Revised Code. The information contained on this form is true to the best of my knowledge and belief.

X
ARRESTING OFFICER SIGNATURE

Sworn to before me this _____ day of _____ 20____

X
NOTARY PUBLIC'S SIGNATUREX
DEPUTY CLERK OF COURT'S SIGNATURE

City of _____

